

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22		2					72		
23		1					73		
24		2					74		
25		2					75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		2					82		
33		1					83		
34		1					84		
35		1					85		
36		1					86		
37		1					87		
38	1	1					88		
39		1					89		
40		1					90		
41	1						91		
42	1						92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6						TOTAL IND.		
TOTAL DEP.	140						TOTAL DEP.		
TOTAL CLAIMS	146						TOTAL CLAIMS		